

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/051159		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51				
2				1			52				
3				1			53				
4				1			54				
5				1			55				
6				1			56				
7				1			57				
8				1			58				
9				1			59				
10				1			60				
11				1			61				
12				1			62				
13				1			63				
14				1			64				
15				1			65				
16				1			66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21				1			71				
22				1			72				
23				1			73				
24				1			74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.				23			TOTAL DEP.				
TOTAL CLAIMS				24			TOTAL CLAIMS				